

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90336 038 ***150.00

DOCUMENT # P970000 42761



1. Entity Name
NUNEZ AND NUNEZ, INC

Principal Place of Business
1755 3RD AVE.
MIAMI, FL 33129
US

Mailing Address
210 SW 11TH STREET
503
MIAMI, FL 33130

2. Principal Place of Business
1755 S.W. 3RD AVE.

3. Mailing Address
1755 S.W. 3RD AVE.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number 65-0770080 Applied For
Not Applicable

Zip 33129 Country US Zip 33129 Country US

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NUNEZ, JORGE L.
210 S.W. 11TH STREET
503
MIAMI, FL 33130

7. Name and Address of New Registered Agent
Name NUNEZ, JORGE L.
Street Address (P.O. Box Number is Not Acceptable)
1936 SW 18TH STREET
City MIAMI FL Zip Code 33145

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jorge L. Nunez JORGE NUNEZ, PRESIDENT DATE: 4/12/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <input type="checkbox"/> Delete <u>NUNEZ, JORGE L.</u> <u>210 SW 11TH ST. # 503</u> <u>MIAMI, FL 33130</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <input type="checkbox"/> Delete <u>NUNEZ, LIDIA A.</u> <u>210 SW 11TH ST. # 503</u> <u>MIAMI, FL 33130</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>NUNEZ, JORGE L.</u> <u>1936 SW 18TH STREET</u> <u>MIAMI, FL 33145</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>NUNEZ, LIDIA A.</u> <u>1936 SW 18TH STREET</u> <u>MIAMI, FL 33145</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Jorge L. Nunez JORGE NUNEZ DATE: 4/12/03 (305) 860-6888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #